

TOWN OF AMHERST – INSPECTION SERVICES**(413) 259-3030, Fax (413) 259-2402**

DIG SAFE TELEPHONE # 1-888-DIG SAFE (1-888-344-7233)

M # _____

APPLICATION TO CONSTRUCT, INSTALL, REPAIR OR RENOVATE A SHED, SIGN, TENT OR FENCE

SECTION 1 - SITE INFORMATION		BUILDING CODE USED: 7TH or 8TH EDITION			
1.1 Property Address: _____ _____		1.2 Assessors Map & Parcel Number: Map # _____ Parcel # _____ Lot # (plan) _____			
1.3 Zoning Information: Zoning District _____ Proposed Use _____		1.4 Property Dimensions: Lot Area (sf) _____ Frontage (ft) _____			
1.5 Setbacks (ft) for Sheds, Fences and Free Standing Signs					
FRONT YARD		SIDE YARDS		REAR YARD	
Required	Provided	Required	Provided	Required	Provided
			/		
SECTION 2 – ZONING/PLANNING					
2.1 Zoning District _____			2.2 Zoning Permit: Not Required [] Required [] ZBA # []		
2.3 Design Review Board Permit: Not Required [] Required [] DRB # []					
SECTION 3 - DESCRIPTION OF PROPOSED WORK (check all applicable)					
3.1 Shed	Front Yard [] Side/Rear Yard [] Dimensions: _____ ft (wide) x _____ ft (long) Peak height from grade: _____				
3.2 Fence	Front Yard: Height _____ Style: _____ Side & Rear Yards: Height _____ Style: _____				
3.3 Tent(s) (30 days or less)	Dimensions: _____ (L) x _____ (w) x _____ (h) Fire Rating _____ hrs Dates: From: _____ to _____				
3.4 Signs	Wording on Sign: _____ _____				
(1) Temporary Sign(s)	Attached to Building [] Free Standing [] Other (specify): _____ Dates: From _____ to _____				
(2) Permanent Sign(s)	Free Standing [] Height from grade: _____ Dimensions: _____ (L) x _____ (w)				
	Attached to Building [] Dimensions: _____ (L) x _____ (w)				
	Attached to Building [] Dimensions: _____ (L) x _____ (w)				
	Attached to Building [] Dimensions: _____ (L) x _____ (w)				
SECTION 4 – FEES					
4.1 Estimated Costs			4.2 Fees for Signs, Fences & Sheds		
	EST. COST	DESCRIPTION	FEE EACH ITEM	# OF ITEMS	SUB-TOTAL
1.Fence/Tent		a. Fence b. Tent	\$25.00 1 st item + 5.00 each add'l item	X _____	
2.Sign(s)		c. Sign	\$25.00 each	X _____	
3.Shed(s)		d. Shed	(____ sf – 100) x .25 + \$30	\$30.00 min	
4.1 Total Est Costs (1 – 3):		TOTAL FEE (a- d)			

SECTION 5 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, # 25C (6))

A completed (including original signature) Commonwealth of Massachusetts Workers' Compensation Affidavit is required for each permit application submitted.

SECTION 6a - PROPERTY OWNERSHIP

Owner of Record: _____ (_____) _____
Name (Please Print) Telephone
Current Address (Please Print) _____ Town _____ State _____ Zip Code
Email _____

SECTION 6b - AUTHORIZED AGENT - To be completed when contractor is not acting as owner's agent

Authorized Agent: _____
Name (Please Print) Signature
Address (Please Print) _____ Town _____ State _____ Zip Code _____ Telephone _____ Current
Email _____

SECTION 7 - CONTRACTOR OR INSTALLATION SERVICES**6.1 Contractor or Installer:**

Name (Please Print) _____	Not Required []
Company Name (Please Print) _____	License Number _____
Company Address (Please Print) _____	Expiration Date _____
Signature _____ (_____) _____	
Telephone _____	
Email _____	

SECTION 8a - OWNER AUTHORIZATION - Required When Owners' Agent or Contractor Applies For Permit

I, _____, as **Owner** of the subject Property hereby authorize
(Please Print Name)
_____ to act on my behalf, in all matters relative to work
(Please Print)
authorized by this building permit application. _____
Signature of Owner Date

SECTION 8b - CONTRACTOR/INSTALLER DECLARATION (owner/agent signs if installer is not specified)

I, _____, as **Installer/Owner/Authorized/Owner**, responsible for this work,
(Please Print) (Circle One)
hereby declare that the statements and information on the forgoing application are true and accurate, to the best of my knowledge and belief. ***Signed under the pains and penalties of perjury.***
Signature of Responsible Party Date